

**Submitter :** Dr. thomasin hammer  
**Organization :** family foot center  
**Category :** Physician

**Date:** 05/19/2006

**Issue Areas/Comments**

**GENERAL**

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Disallowing individual physicians from dispensing DME items such as can walkers is appalling. It will:

1) Interfere with the doctor patient relationship. 2) Reduce the ability for physicians to provide quality care to patients particularly during an acute crisis. 3) Significantly reduce the patient's ability to obtain needed equipment especially in rural areas. 4) Provide a significant hardship for acutely injured patients.

Thomasin K. Hammer DPM

**Submitter :** Dr. William Godfrey  
**Organization :** US Army  
**Category :** Physician

**Date:** 05/20/2006

**Issue Areas/Comments**

**GENERAL**

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This is a huge mistake. It's like telling everyone they have to get their widgets at WalMart or McDonalds. That's not right. This must on some level violate antitrust laws by proposing to give a single source a monopoly by region. The Army has gone to this type of logistical acquisition of DME for our base hospitals, and guess what? We're not saving money; in fact, we're paying more for the same exact stuff that we were getting from least cost sources. Thank you; our budget has been continuously cut over the past 5 years but we're paying more for our supplies for our growing active duty/deploying/redeploying populations which we must support. You're going to do the same thing to doctors/specialists who know better and local providers who can provide the best & most appropriate DME, the quickest, the easiest, the fastest, and the least expensive. What you're proposing is one more step towards socialism, lining the pockets of the rich, giving over more control to fewer who think they know better when in fact it will add bureaucracy, alienation, authoritarianism, decentralization, takes away empowerment to the local physician & provider, and will in fact cost more in terms of health, welfare, lost time/work/wages, and increased healthcare costs/headaches/marginalization to those of us who serve and are served by ingenious privatized healthcare. Forget your single supplier idea; they'll take over, then jack up the prices the same way foreign car companies, among other industries, have taken over in the USA.

**Submitter :** Dr. Stephen Sinclair  
**Organization :** Clear Vision Foundation  
**Category :** Physician

**Date:** 05/20/2006

**Issue Areas/Comments**

**Low Vision Aid Exclusion**

Low Vision Aid Exclusion

The Clear Vision Foundation, of which I am the Chief Executive Officer, is opposed to unreasonably narrow and discriminatory proposed regulatory action by CMS which contends that the diversity of interpretation of the judicial opinions of recent court rulings are in error and has expanded the scope and definition of the "eye glass" exclusion to include any device that incorporates one or more lenses. I believe this is severely discriminatory especially to millions of America's senior Medicare beneficiaries- those severely debilitated by macular degeneration. It is an anathma to me, and our Foundation, which represents patients with all types of reduced vision, that Medicare will pay for mobilized wheel chairs and other support devices that provide mobility for persons with severe limb restrictions, but not allow persons with mobility and functional restrictions due to their vision limitations to receive similar support devices. This is discrimination at its worst. I, on behalf of the Foundation, urge a reconsideration of this policy. Low vision devices of all types should be allowed for reimbursement without exception, but similar to other services and medical goods dispensed under the current coding system, should be appropriately matched for the severity and type of vision loss.

**Submitter :** Dr. Stuart Birnbaum  
**Organization :** Dr. Stuart Birnbaum  
**Category :** Physician

**Date:** 05/21/2006

**Issue Areas/Comments**

**Competitive Bidding Areas**

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DMEPOS should not go out to bid. I know my patient's feet and what they require better than any supplier. I ensure that my patients have the proper footwear and bracing by overseeing the process personally. I am accountable to my patients. Some large supplier will not have their interests at heart, they will be looking for low cost and a quick turnaround. The end result of this proposition will be that more patients will ulcerate, which will lead to higher amputation rates, thusly undermining the intent of the original legislation.

Submitter : Dr. Jeffrey Dull  
 Organization : Premier Foot Care, Inc.  
 Category : Physician

Date: 05/22/2006

#### Issue Areas/Comments

##### Competitive Bidding Areas

##### Competitive Bidding Areas

Premier Foot Care, Inc. is a two doctor (Jeffrey M. Dull, DPM, AACFAS, Christine M. Dull, DPM, AACFAS, AACFAOM) podiatry practice in Bay Minette, Alabama. Because of geography there is not a ready access to a system that would be set up as a result of CMS-1270-P. Patients with acute needs would have to drive 30-50 miles to acquire a device that they can currently get from our office.

Upon reading the objectives, some seem to cancel the others out. My thought process is as follows, by implementing a competitive bidding process, the winning bidder may stock inferior products, because of price, thus DIRECTLY influencing the objectives of access to quality DMEPOS, and thus would not be beneficial to the patients care even though it helps theirs and your pocketbooks.

YOU would essentially obtain the same results by cutting reimbursements to existing providers. Then if I, as a provider, cannot stay in the market, then I would withdraw from supplying those products. If I know I can provide a patient with a product that is clearly superior, and would be to their benefit, but my profit margin is minimal or even negative, I could provide that in the current system that exists. If I have to send the patient on a marathon for a similar, yet inferior QUALITY item, especially in an acute situation, how is that patient benefited. Sure the patient saves \$10 on their co-pay but they spent \$15 in gas to get there and back. Lastly if reimbursements are reduced to the existing providers, manufacturers of the products will have to remain competitive with their prices, which will continue to stimulate the need for newer product innovation. By limiting the numbers of DME suppliers to the highest bidders, the development of new products will cease.

I can think of several scenarios that would show this new program to be not-applicable to meet ALL of the objectives and would potentially sacrifice the quality of patient care. I urge that you do not change to a competitive bidding process because this may result in the following:

1. Interfere with the doctor patient relationship
2. Reduce the ability for physicians to provide quality care to patients particularly during an acute crisis
3. Significantly reduce the patient's ability to obtain needed equipment especially in rural areas
4. Provide a significant hardship for acutely injured patients.

I welcome you to contact me with any further questions about this matter. 251-580-0481

Thank you,

Jeffrey M. Dull, DPM, AACFAS